

Utah Medicaid Provider Manual	Targeted Case Management for CHEC Eligibles
Division of Health Care Financing	October 1994 Updated April 2003

SECTION 2

Targeted Case Management for CHEC Medicaid Eligible Children

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1 SERVICES

Targeted case management is a service to assist Medicaid eligible recipients to gain access to needed medical, social, educational, and other services as identified in the case management **service plan**. The goals of the service are to help Medicaid recipients access needed services and also ensure services are coordinated among all agencies and providers involved.

1 - 1 Authority

The Consolidated Omnibus Budget Reconciliation Act (P.L. 99-272, COBRA) added targeted case management to the list of optional services which can be provided under the State Medicaid Plan.

1 - 2 Definitions

CHEC Child Health Evaluation and Care is Utah's version of the federally mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The CHEC program ensures access to needed medical care for Medicaid eligible recipients from birth through age twenty.

1 - 3 Target Group

Targeted case management services may be provided on behalf of CHEC Medicaid eligibles under the age of 21, when the service is determined to be medically necessary. Targeted case management services are considered medically necessary when a needs assessment completed by a qualified targeted case manager documents both conditions listed below. (See Chapter 1 - 4 for the definition of a case manager.)

- A. The individual requires treatment or services from multiple agencies and providers in order to meet his or her documented medical, social, educational and other needs; and
- B. There is a reasonable indication the individual will access needed treatment or services only if assisted by a qualified targeted case manager who locates, coordinates and periodically monitors the child's services in accordance with his/her individualized service plan.

Medicaid recipients may meet the criteria for case management services under more than one "target" group. The case manager should determine if other agencies are already providing, or would be more appropriate to provide the case management service. Coordination of all services is an essential component of targeted case management.

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1 - 4 Qualified Targeted Case Management Providers

Medicaid providers of targeted case management services to CHEC - Medicaid eligible recipients may include either an independent professional or an agency which specializes in providing case management services to children, defined as follows:

A. Independent Professional is an individual who meets four criteria:

1. Is licensed as a clinical or certified social worker and practicing within the scope of his or her license in accordance with Title 58, Occupational and Professional licensing, Utah Code Annotated, 1953 as amended;
2. Has at least five years experience providing case management to the targeted group;
3. Has current malpractice insurance of at least \$1,000,000; and
4. Has on file, an approved targeted case management Provider Agreement with the Division of Health Care Financing.

B. Agency which specializes in providing case management services to children is an agency which meets four criteria:

1. Is statutorily authorized and responsible to plan, develop, deliver and monitor an array of community based children's services;
2. Employs DHCF licensed physicians, licensed physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses, licensed psychologists, licensed physical therapists, licensed occupational therapists, licensed professional counselors, licensed marriage and family therapists, licensed social workers or licensed social service workers to provide case management services. The agency may use non-licensed employees to provide targeted case management services only when the agency can document that the employee has training and experience related to high-risk children and adolescents and has successfully completed a targeted case management course approved by the Division of Health Care Financing;
3. Maintains documentation of employees' required licensure or successful completion of the approved training course for individuals who render case management services; and
4. Has an approved targeted case management Provider Agreement on file with the Division of Health Care Financing.

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1 - 5 Targeted Case Management Training Curriculum

- A. As indicated in Chapter 1 - 4, item B. 2., enrolled agencies may use non-licensed employees to provide targeted case management services if the employee has successfully completed a targeted case management training program approved by the Division of Health Care Financing (DHCF). The DHCF will approve training programs which include the following components:
1. Detailed instruction in the Medicaid targeted case management provider manual requirements and methods for delivering, documenting, and claiming covered targeted case management services;
 2. Utah Medicaid's standards for medical care for children and scope of benefits based upon the CHEC program including periodicity of required screenings and examinations;
 3. Strategies to identify current community resources and how to access those resources;
 4. Techniques and skills in communicating successfully with Medicaid recipients and other agency personnel; and
 5. Training in the basic understanding of child development.
- B. The agency must submit an outline of its curriculum to the DHCF for review and approval, and make available to the Medicaid agency upon request manuals, workbooks and other materials and sources of information included in the actual training.

1 - 5 Client Rights

- A. Targeted case management services will not be used to restrict the client's access to other services available under the Medicaid State Plan.
- B. The provider must have a process to ensure that the client or the client's guardian (as applicable) voluntarily chooses targeted case management services, and is not restricted from a free choice of available, qualified targeted case managers [in violation of Section 1902(a)(23) of the Social Security Act].

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2 SCOPE OF SERVICE

2 - 1 Covered Services

- A. Targeted case management is a service to assist eligible Medicaid recipients in the target group to gain access to and coordinate needed medical, social, educational, and other services as identified in the service plan.
- B. Medicaid reimbursement for targeted case management is dictated by the nature of the activity and the purpose for which the activity was performed. The service must be provided by a qualified targeted case manager. When billed in reasonable amounts, given the needs and condition of the particular client, the following activities and services are covered by Medicaid under targeted case management:
 1. Assessing and documenting the client's need to gain and maintain access to community resources and services with input as necessary from the client, family and other agencies and individuals knowledgeable about the client's needs;
 2. Based on documented assessment, developing and updating a written, individualized service plan that includes a description of what the case manager will do to assist the eligible client to obtain access to needed medical, social, educational and other related services;
 3. Referring the client to necessary medical, social, educational and other community services **as identified by the needs assessment and outlined in the service plan**, including assisting the client to obtain and maintain eligibility for entitlements **other than Medicaid**. (Refer to Chapter 2 - 2, Non-Covered Services and Activities). **Targeted case managers claiming Medicaid funds are ultimately responsible to ensure the child's access to the needed services regardless of the child's place of residence or agency methods of practice;**
 4. Where appropriate, instructing the client or caretaker, as appropriate, in independently obtaining access to the identified services for the client in order to minimize the need for targeted case management services;
 5. Coordinating the client's receipt of necessary services. This includes ensuring the client obtains timely mandatory or needed services as outlined in the Utah Child Health Evaluation and Care (CHEC) policy and program manual;
 6. Monitoring and follow-up, at reasonable intervals, the quality and appropriateness of the client's services **for the purpose** of (a) updating and modifying the service plan; (b) determining if there is a continued need for services; (c) determining if there is a need for other services. These activities and contacts may be with the Medicaid-eligible individual, family members, providers, or other entities;
 7. HCFA policy permits contacts with non-eligible or non-targeted individuals to be claimed as a Medicaid case management activity, only when the purpose of the contact is directly related to the management of the eligible individual's care and covered in the child's case management plan. Family members may be able to help identify needs and supports, assist the eligible individual to obtain services, provide case workers with useful feedback, and alert them to changes;
 8. Evaluating as needed, but at least every six months, progress toward achieving the service plan objectives and documenting whether or not the client continues to require and remain eligible for targeted case management services based on feedback from the Medicaid-eligible individual, family members, providers, or other entities; and
 9. Reviewing, updating, and ensuring the appropriate dissemination of medical, social, educational, and other necessary information to all authorized parties providing services to the eligible child.

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- C. The agency may bill Medicaid for the covered activities described above, **only if**:
1. The covered case management activities and client services are identified in the client's service plan; and
 2. The time spent in the covered activity involves a face-to-face encounter, telephone or written communication with the client, family, caretaker, service provider, or other individual with a direct involvement in providing, or assuring the client obtains, the necessary services documented in the service plan.
 3. Covered targeted case management activities are documented in the case record for each unit of service claimed.
- D. Medicaid reimbursement is **not** available for targeted case management services when:
1. The child is receiving in-patient hospital, state hospital, ICF/MR or, nursing facility services or services through a Medicaid home and community-based waiver;
 2. The child is a permanent resident of a secure facility;
 3. For Division of Child and Family Services or Division of Youth Corrections recipients:
 - a. the child is not open for foster care or in-home services on the 15th of the month, or
 - b. the child has left a placement without permission and his/her whereabouts are unknown on the 15th of the month; or
 4. The child is receiving targeted case management services from another, more appropriate agency.
- E. The following individuals are not eligible for targeted case management services.
1. Children under age 21 who are not Medicaid eligible;
 2. Children under age 21 whose names are included in a "child and family" service plan but who are not the identified child requiring and receiving targeted case management services;
 3. Adults age 21 and older; or
 4. Client's whose parent or other responsible care giver is independently able to assist the child to obtain needed medical, social, educational, other necessary services.

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2 - 2 Non-Covered Services and Activities

In accordance with federal Medicaid guidelines, time spent in the following activities is not billable to Medicaid as targeted case management:

- A. Documenting targeted case management services is not reimbursable.
- B. Teaching, tutoring, training, instructing, or educating the client or others, except in so far as the activity is specifically designed to assist the client, parent or caretaker to independently obtain needed services for the client. For example, assisting the client to complete a homework assignment or instructing a client or family member on nutrition, budgeting, cooking, parenting skills or other skills development is not reimbursable.
- C. Directly assisting the client with personal care or activities of daily living. For example, assisting with budgeting, cooking, shopping, laundry, apartment hunting, moving residences or acting as a protective payee are not reimbursable activities.
- D. Performing routine services including courier services. For example, running errands or picking up and delivering food stamps or entitlement checks are not reimbursable.
- E. Directly providing other Medicaid services or participating in leisure or other social activities with the client rather than assisting the client to gain access to medical, social, educational and other services. For example, medical and psycho-social evaluations, examinations, treatment, therapy, counseling, client supervision, and leisure activities, are not reimbursable as targeted case management.
- F. Traveling to the client's home or other location where a covered case management activity might occur is not reimbursable, nor is time spent transporting a client or a client's family members.
- G. Contacts with or on behalf of non-Medicaid eligibles or non-targeted individuals that relate directly to the identification and management of the non-eligible or non-targeted individual's needs and care cannot be billed to Medicaid. While the nature of the contacts may squarely fall into one of the components of case management (i.e., assessment, care planning, referral, and follow-up), Medicaid funds cannot be claimed due to the fact that the individual is not Medicaid eligible or is eligible but does not meet the targeted criteria as described in Section 1. For example: (1) providing services for or on behalf of other family members which do not directly assist the client to access needed services or (2) counseling the client's sibling or helping the client's parent to obtain a mental health service are not reimbursable under target case management services.
- H. Performing activities necessary for the proper and efficient administration of the Medicaid State Plan, including assisting the client to establish and maintain Medicaid eligibility. For example, locating, completing and delivering documents to the Medicaid eligibility worker is not reimbursable.
- I. Recruitment activities in which the agency or case manager attempts to contact potential recipients of service are not reimbursable.
- J. Contacts with or on behalf of clients who are hospitalized for inpatient services including the State Hospital or who are placed in nursing facilities, except for the date of discharge.
- K. Youth receiving services through a Home and Community-Based Waiver.
- L. Separately billed case management services submitted by two (2) or more case workers.
- M. Activities that relate directly to the provision of foster care services, such as foster parent recruitment, arranging foster care placements, screening for adoption, and court-related duties.
- N. Title IV-E "eligible" children, since Title IV-E funding includes case management services.
- O. Child protective service investigations.

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2 - 3 Limitations on Reimbursable Services

A. Team Case Management

Targeted case management services provided to a client by more than one case manager employed by the same agency or program are reimbursable only when all the following conditions are met:

1. All members of the team meet the qualifications described in Chapter 1 - 4, Qualified Targeted Case Management Providers;
2. Documentation of billed services is maintained in a single case file;
3. All services are delivered under a single service plan;
4. All team members coordinate with one another to ensure only necessary, appropriate and unduplicated services are delivered by all team members; and
5. Time spent by two or more members of the team in the same targeted case management activity may be billed only by one team case manager.

B. Shared Case Management

Targeted case management services billed by case managers from more than one agency or program during the same or overlapping dates of service for the same client will be considered for reimbursement only if the DHCF has received and approved documentation to support the need for the expertise of two case management providers. A letter signed by the case managers of both agencies must be submitted to the DHCF. The letter must (1) fully explain the need for shared case management, (2) document the specific and non-duplicative-covered case management activities to be provided by each case manager, (3) specify the time period during which shared case management will be required, and (4) include a copy of the needs assessments and service plans from both case managers and a written statement from the Local Interagency Council (LIC) or the Local Interagency Coordinating Council (LICC) if a council has reviewed the client's need for shared case management services.

If approved by the DHCF, case managers sharing case management responsibilities for a client may bill for their participation in LIC/LICC meetings for the time during which the client's needs are addressed.

NOTE: The DHCF will not approve shared case management for a client receiving home and community-based waiver services. Time spent on behalf of a client receiving home and community-based waiver case management services is not reimbursable as **targeted case management**, nor may the time spent by a targeted case manager be billed by a waiver case manager.

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3 RECORD KEEPING

- A. The case manager must develop and maintain sufficient written documentation to substantiate each claim for targeted case management services. Documentation must include at least the following:
1. Date of targeted case management activity;
 2. The name of the eligible child for whom the targeted case management activity was provided;

If more than one eligible child is being served on the case, each documentation entry must specifically name each individual child for whom the targeted case management activity was provided. Multiple names may be included in one entry if a single activity was completed for more than one child.
 3. Type of contact, such as a face to face visit, telephone contact, or written communication and where the contact took place, when applicable;
 4. Duration of contact that includes TCM activity;
 5. Who the qualified caseworker communicated with, such as the eligible child, the child's family, caretaker, service provider, or other individual with a direct involvement in providing or assuring the client obtains the necessary services in the service plan;
 6. A description of the nature and purpose of the case manager's activities during the billing period (sufficient to explain the relationship, if any, between those activities and covered in the service plan objectives); and
 7. Name of the qualified targeted case manager completing the TCM activity.
- B. The following documents must be contained in each client's case file:
1. A written, systematic, individualized need's assessment which documents the array of medical, social, educational and other services considered necessary for the client, **and** the need for a qualified targeted case manager to assist the client to gain access to and coordinate those services;
 2. A written, individualized service plan which identifies the assistance to be provided by the case manager and the estimated time-frames;
 3. Case notes supporting the case manager's reimbursable activities;
 4. Documentation of timely dissemination of relevant educational, social, and medical history information to a child's (1) out of home care giver, (2) educational provider, or (3) health care provider. Relevant educational history information may include such items as schools attended, school performance, educational test results, prior individualized education plans, and prior special education services. Relevant medical history information may include such items as names of prior health care providers, immunization records, CHEC screenings, test results, and prior health care services; and
 5. Documentation concerning the timely dissemination of relevant educational, social, and medical history information to a child's (1) out of home care giver, (2) educational provider, or (3) health care provider should follow agency's policies and procedures.

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4 SERVICE PAYMENT

- A. Payment for targeted case management services is made on a fee-for-service (15 minute unit) or monthly unit basis as approved by DHCF.
- B. Rates are prospective and established on the basis of the historical cost for the service. A new provider's initial rate is based on historical costs inflated by the Consumer Price Index, Urban-All Items, published by the U.S. Department of Labor. Rate adjustments are made on the basis of periodic time and cost studies.
- C. Separate rates are established for each type of targeted case management provider.
- D. **Payment cannot be made for targeted case management services for which another payer is liable, nor for services for which no payment liability is incurred. Medicaid reimbursement is not available for services provided free of charge to non-Medicaid recipients.**

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5 TARGETED CASE MANAGEMENT CODES FOR CHEC MEDICAID ELIGIBLE CHILDREN

CODE	DESCRIPTION	AGE LIMITS
Y3100	DCFS Targeted Case Management Children in Custody, per month	0-20 years
Y3101	DCFS Targeted Case Management for In-Home Children, per month.	0-20 years
Y3120	DYC Targeted Case Management for Children in Custody, per month.	0-20 years
	Independent Professional, per 15 minutes	0-20 years
Y3133	DSPD (non-waiver) Targeted Case Management for EPSDT Eligible Children, per 15 minutes.	0-20 years